2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90027 042 ****61.25

DOCUMENT # 709552

1. Entity Name

SCOTTISH RITE TEMPLE ASSOCIATION

Principal Place of Business	Mailing Address
5500 MEMORIAL HIGHWAY TAMPA FL 33634	5500 MEMORIAL HIGHWAY TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7187289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIRKPATRICK, ROBERT G 5500 MEMORIAL HWY TAMPA FL 33634	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE R G Kirkpatrick 1/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLARK, VERNON T JR 7402 SPARKMAN TAMPA FL 33616	☐ Delete	P HARRIOTT, DONALD 17715 GULF BLVD LOT 830 REDINGTON SHORES FL 33708-4255	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LANIER, ASHLEY T. 509 ROLLINGVIEW PL. TEMPLE TERRACE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KIRKPATRICK, ROBERT G 1846 PENNWOOD CIR W CLEARWATER FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KALISZ, RONALD S 406 CHRISTOPHER CT SE WINTER HAVEN FL 33884-1573	☐ Delete	D POTTER, FRANK 7731 HINSDALE DR TAMPA FL 33615-1504	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN TRUMP, RODERICK JR 4616 BAY CREST DR TAMPA FL 33615-4902	☐ Delete	D ESTEPPE, GARY 7016 GRAND RIVER DR TAMPA FL 33619-4009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLATE, DAVID A 2300 AVE E NW WINTER HAVEN FL 33880	☐ Delete	D RICKELS, JACK 617 WEXFORD CT WINTER HAVEN FL 33884-1249	☒ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G. KIRKPATRICK SIGNATURE REQUIRED 1-29-01 813-886-0578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #